

ObamaCare took effect, and whose prescription costs for his daughter have now doubled and tripled under ObamaCare.

Or the owner of a small telecom company in southern rural Indiana, who tells me that he and his employees have faced higher health insurance rates every year since ObamaCare with out-of-pocket costs increasing as well, not to mention the endless paperwork and red tape. He says: "ObamaCare has been an absolute disaster for small businesses and our employees."

I heard from a cancer survivor from Vevay, whose plan went from \$199 a month to over \$800 a month, and who couldn't keep her plan or her doctor. She says: "I am a cancer survivor, and the old policy has taken me through three surgeries and worked well for me. Now we're paying over \$1,300 a month with a \$5,000 deductible, and the policy paid nothing the entire year. Then, we received a notice that, in 2017, the premium would raise again."

Or the family physician from Muncie, who told me his patients have "more limited options, longer wait times for approval of vital procedures and medications, and—through the confusing nature of the health insurance marketplace—have ended up with plans they didn't understand and couldn't afford."

Or the hardworking mom and wife in Shelbyville, whose husband lost hours at work because of ObamaCare's full-time employee mandates, and whose own health insurance increased in cost with less coverage. She says: "We work hard for our benefits, and now the benefits are terrible. I am paying more for worse coverage, and we lost income. It was a double whammy."

These Hoosiers and so many others are being crushed by ObamaCare and its burdensome taxes, mandates, and fees. We can do better for Hoosiers, and this week we will. We will start the process of repealing ObamaCare and replacing it with something better.

This week, Congress will vote on the American Health Care Act, the first phase of our plan to repeal and replace ObamaCare. This is a transformational change that will do away with ObamaCare's costly mandates, provide much-needed relief to Hoosiers, and create a healthcare system that actually lowers costs and increases choice. We are going to keep our promise, come together, and get this done.

□ 1030

#### ENDING FEDERAL MARIJUANA PROHIBITION ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Hawaii (Ms. GABBARD) for 5 minutes.

Ms. GABBARD. Mr. Speaker, I am rising today to urge my colleagues to support H.R. 1227, the Ending Federal Marijuana Prohibition Act, which I have introduced with my Republican colleague, a fellow Army veteran and former prosecutor from the State of

Virginia, Congressman TOM GARRETT, where we are seeking to address our outdated and widely problematic marijuana laws by federally decriminalizing marijuana.

FBI reports have shown that, in 2011 alone, an individual in the United States was arrested for marijuana use, sale, or possession every 42 seconds—every 42 seconds—mostly in poor and minority communities. Our current laws are turning everyday Americans into criminals, sending them to jail, ruining their lives, tearing apart families, and wasting huge amounts of taxpayer dollars to arrest, prosecute, and incarcerate people for marijuana use, a drug that has been proven time and time again to be far less dangerous than alcohol both for individual consumers as well as for the people around them.

Dr. Donald Abrams, who is chief of oncology at San Francisco General Hospital, has talked about how, in the 37 years that he has worked and served as a physician, the number of patients that he has admitted to his hospital with marijuana complications is zero. The number of patients that he has admitted due to alcohol use is "profound."

So, rather than actually helping people, our current laws are turning them into criminals, forever impacting their future and the future of their families. Over the years, we have spent hundreds of billions of dollars locking people up for nonviolent marijuana offenses, creating strain within our criminal justice system, and clogging court calendars, resulting in further overcrowding of our prisons.

Now, just a few weeks ago, I had the chance to go and visit a number of our prisons and jails in Hawaii, where I saw firsthand the crumbling infrastructure, the extreme overcrowding and facilities in dire need of upgrades, as well as the shortage of services that are actually needed to help rehabilitate people and reduce our recidivism rates.

So whether you personally think that marijuana use is good or bad, whether you would choose to use marijuana or not, the question is: Should we really be sending people to jail and turning them into criminals for it? The answer is no. The fiscal impacts and the social impacts of our current policy are having devastating ripple effects on individuals and our communities and are only continuing to perpetuate the problem.

For example, the contradiction that we see currently between State and Federal laws on marijuana has created a serious problem for many of our local businesses. I have talked with local bankers in my home State of Hawaii who expressed great frustration, and even confusion, about the contradiction between our laws with the fact that even though our State of Hawaii has legalized and authorized marijuana dispensaries to grow, process, and dispense medical marijuana, Federal law prohibits banks and credit unions from

offering any type of financial services to both businesses and individuals whose financial transactions have anything to do with marijuana.

So what this means in practical terms is that our State-recognized and licensed medical marijuana dispensary owners as well as their employees can't open a bank account. They can't get a loan from our local bank. The businesses, literally, have to hold thousands, or even millions, of dollars from their transactions and have to conduct their transactions in cash. Businesses that provide services to these medical marijuana dispensaries are also unable to access financial services due to the gaps between Federal and State law.

So as we look at ways that we need to update our outdated drug policies and the need for us to reform a very broken criminal justice system, we need to take into account the growing body of evidence that suggests the medicinal benefits of marijuana, including, preventing epileptic seizures, reducing anxiety, and even halting the growth of cancer cells.

However, the FDA still currently classifies marijuana as a schedule I drug, basically saying that marijuana is just like heroin, LSD, and MDMA, ignoring the fact that at least 28 States, including my home State of Hawaii, have already accepted the medical use of marijuana under State law.

In addition to passing H.R. 1227, we need to require the FDA to remove marijuana from schedule I based on State-accepted medical use. These reforms that we are calling for in this bipartisan bill are common sense and they are long overdue, long overdue changes that will help to reduce the strain on our criminal justice system, create certainty and reduce contradictions and confusion between State and Federal law, and update those Federal laws to actually meet the needs and progress that States are making across the country.

#### REPEAL AND REPLACE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, any discussion of the American Health Care Act needs first to consider where we would be without it.

ObamaCare is collapsing. More people are paying the State tax penalty or claiming hardship exemptions than are choosing to buy ObamaCare policies. In a third of the counties across America, there is only one provider to choose, and we are now seeing counties where there are no providers at all.

ObamaCare premiums soared an average of 25 percent last year, and we are warned that this year will be worse. I have strongly advocated that the House address this crisis in a single, comprehensive bill that fully repeals ObamaCare and replaces it with a healthy, competitive market.